Dr. Colleen Kennedy, M.D.				i			(Omni /ersion 14.0	
Patients Transcriptions	•	•		•		•		gram Billing View	
oday's List 🐉 Open Items	Messages [4: He 0] ₩	alth Alerts My Profi	e Clinic Guide	Lines Updates	Practice File Portal Che	cksum Uple	oad MU tificate Documen	I con	Logo
Patient Dashboard Saylo	r, Jayden Ext. Rec#:	Principal Provider: Referring Provider: Pri. Care Provider: Unread Messages: Message Alert	Dr. Colleen Kenn	edy <u>Health Recorc</u>					
	(H) 17 yrs 3 mths Sex: Male \$0.0 <u>Print Last STMT.</u>		npounding cream to	Omni plus pharmacy	Hist , Edit	ory .	Enter Keyword	_96	
Patient's Primary Insu	rance Details	Mambar	/ Subscriber		Validity	Co-Pay	Dotaile	Actio	. 1
Payer / Policy No Primary InsuranceRecord		Member	/ Subscriber		validity	CO-Pay	Details	расио	<u>'</u>
Demographics√	Allergies√		OmniMD Rx His	story	Transcription	ıs	Message	S	
Insurance Records Eligibility Info	Current Medic Medical Histor	·	All Rx History Rx Refills		Referrals Form Record		CDA Lock Use	:rs	
Advance Directives	Family History		Rx Change Requests		Scanned Documents ✓ Super Bills Patient Flow Sheet Patient Ledo				
Patient Confidentiality Patient Annotations	Social History Immunization		Lab/Radiology Lab/Radiology		Active Proble		Patient L	eugei	
Patient Activity History	HIPAA Disclos	ure	Progress Repo		Pending Imm		Patient C	Contact	
Incoming Referral File	Amendment		Patient Educat	ion <u>y</u>					
Patient Portal Information Billing Note	n 🦠								
Cases and Visits								New Ca	
Date of Service		Chief	f Complaint	Attending P	rovider		Progress 🕕		Action
◯_Case: np └ <u>10/29/2013</u> 11:30 AM-	11:45 AM TUE	np		Ms. Maries Li	urel		° 🗹		E.
Applicable Catego	·			Status	3	Action	Communic	Add Heal: ation Type	tn Alert
Patient's Future Appoi	intments								Print
Dt.of Service		Chie	ef Complaint			Provider	Proc	edures	
Charts & Reports: Growth	<u>Charts</u>								
								<u>Delet</u>	<u>e Patient</u>
HELP Help De	esk: 914.332.5590 <u>Repo</u>	rt a Problem ICD-10	Transition Feedback	<u>Feedback</u>					
	Со	pyright © 2018 OmniMD	. All Rights Reserved.	OmnlMD™ is a traden	narkof <u>ISM, Inc.</u>	Į.	Secured by alich to verify	()ttimte 2018-01-16	

GOVERNMENT EXHIBIT 612 4:18-CR-368 Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 1 of 2

Patient : Saylor, Jayden	Sex : Male	
Chart#: SAYJA0001 Phone: (H), Ref By:	DOB : Address :	Garland, Texas 75044
DOS: 10/29/2013 11:30 AM Chief Complaint: Np Attended By: Ms. Maries Laurel	(CST) (15 mins), Location: CI	K Business Office Rockwall
Employer:		
Allergies No Known Drug Allergies.		
<u>Intolerance</u> No Intolerance Recorded		
Current Medications <u>Current Medication</u> No Current Medication Recorded		<u>Duration</u> <u>Reason</u>
VITAL SIGNS Height 67 inch 170 cm		
Weight 120 lbs 54.4 Kg BMI 18.8 Kg/m ²		
	FOLLOW UP NO	<u>)TE</u>
Patient Name: Saylor, Jayden Chart Number: SAYJA0001 Date of Service: 10/29/2013 11	.:30 AM(CST)	
Procedure Performed:		
Vitals: Temp: BP:/ Pulse Starting Weight: Current W	Rate: O2 Sat: eight: Change:	
Current Medications:		
Note: hx of eczema scarring,	itching and scratching causing sc	carring-called in compound scar reduction cream
Impression: eczema		
Plan: apply compound scar red	duction cream to affected area pr	n
F/U in: as needed Prescriptions and Lab Orders		
Diagnoses		
DIAGNOSES		
Procedures		
PROCEDURES		

Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 2 of 2

Disposition

Patient		DOB		nsurance Info
Jayden S	ay lox		Carrier: UHC	1821737871
Home Phone	Cell Phone		Bin#	PCN#
Address			Group #	1027
Oit.	Cioto	7in		Yes No
City Gordand	State	75044	Workers Comp	7
Allergies Pentalin	Diag.		DOI	Claim #
	•			
General Pain / Intiam	naitons	Back &	Radicular Pa	in
	ODI 0		n a samena ember	BRP-4
GPI-1 • Flurbiproten 10%	GPI-2 Tramadol 5%	·Ket	P-3 amine 10%	• Gabapentin 6%
Cyclobenzaprine 2%Baclofen 2%	Flurbiprofen 20%Cyclobenzaprine 2%	़ैंंं • Ga	nidine 0.2% bapentin 6% fbiprofen 10%	• Clonidine 0.1% • Diclofenac 2%
• Lidocaine 2%	• Baclofen 2%		rbiprofen 10% ocaine 2%	• Lidocaine 2% • Pentoxifylline 2%
Neuropathic & Chron	ic Pain			
		Specia	alty	
NCP-5 • Ketamine 10%	NCP-6 • Ketamine 10%	Chimeroca s		
Baclofen 2% Gabapentin 6%	Ketamine 10% Lidocaine 5% Acyclovir 10%		KITL gout	14. Infected Wounds Phenyloin 5%
• Imipramine 3% • Nifedipine 2%	• Amitriptyline 2%	- Ketor	profen 10% nethacin 10%	Misoprostol 0.0024% Aloe Vera 200:1
• Lidocaine 2.5%	NCP-8	(i) Triam	ncinolone 0.2%	Prilocaine 2% Levofloxacin 2%
	Ketamine 10%	Lidoo	aine 5%	Metronidazole 2%
NCP-7 • Flurbiprofen 20%	Baclofen 2% Cyclobenzaprine 2%	M 12.	Multi Purpose	Vancomycin 5%
Baclofen 2% Cyclobenzaprine 2%	• Flurbiprofen 10% • Gabapentin 6%		Topical Scar Gel	15. Other
• Gabapentin 6% • Lidocaine 2.5%			easone Propionate 1% etirizine Dihydrochloride 2%	custom formulation
Liubcame 2.5%	NCP-10 - Acyclovir 5%	Pento	oxifylline 0.5%	A 5
✓ NCP 0	 Deoxy-D-Glucose 2% 		apentin 15%	
NCP-9 • Ketamine 10%	 Amitriptyline 2% 		recreve construction (
Baclofen 2% Cyclobenzaprine 2%	• Lidocaine 5%		Non-Infected Wounds	
Gabapentin 6% Lidocaine 2%	NCP-11	Phen	ytoin 5%	
Diclofenac 3%	• Lidocaine 2% • Prilocaine 2%	Miso Aloe	prostol 0.0024% Vera 200:1	
	Lamotrigine 2.5% Meloxicam 0.09%	Prilo		
		Villa		
Quantity: 3 00mLs• (Three Hund	red) - 4 wook supply	Other Qty:	120 mls 3	12 WB
SIG: Apply 1-2 pumps to affected				
lternate SIG:			Y ME	
Prescriber Name:	een Kei	nnedy, wy	D NDI # 150	8897810
100011001 Hallos		<u>'/</u> i		
Lic. #:	dje hel.	Ste 10	on Roce	well 1/1x 7589
Phone #: 214. 175	· 1356 Fa	ax #: Tyy	. 613. 2	231
ر B ignature (Note: Manual Signature	e Required for CS)	NIN		Date: 10 29)
1	Note: Tramadol and	Ketamine are con	itrolled substances.	,

KEN002579

1	1	ı ınsurar	nce Into
JAYDEN SAYLOR		Carrier:	
Home Phone Cell F	hone	Bin#	PCN#
Address		Group #	
City	State Zip	Workers Comp	Yes No
Allergies Diag.	State Zip Ix 75044	DOI	Claim #
Mensa Diag.			
General Pain / Inflammation	Specia	lty	
GPI-2 • Tramadol 59% • Fluribjirofen 20% • Cyclobenzaprine 2% • Baclofan 2% (Dispensing Duantsy 300mLs OR One: Quarthy (SIG: Apply 1-2 pumps to affected area 3-4 times daily; it pump is 1.5 mLs. Reizss;	Levoce Pentos Por pa Priloca Gabag	Isone Propionate 1% Initial Dihydrochloride 2% oflyline 0.5% Inful scars add: ine 3% Pentin 15%	DERM-5: CONTACT DERMATITIS Fluticasone 1% Methylcobalamin 0.07% Coenzyme 010 4% Contact Dermatitils with pain add: Lidocaine 2% Hydroxyzine 2%
Back & Fladicular Pain BRP-3 • Ketamine 10% • Clonidine 0.2% • Gabapentin 6% • Dictofenac • Flurbiprofen 10% • Lidocaline 2% • Pentoxifyiline	ANT Flutica Flucor 6% 0.1% 2% Hydro: 2% 2% DERI	FUNGAL CREAM sone 1% lazcle 2% drylline 0.5% line 2%	DERM-6: PSORIASIS Fluticasone 1% Metrylcobalamin 0.042% Coenzyme 010 2.4% Vitamin 03 0.03% Trollnoin 0.012% DERM-7: PLANTAR FASCIITIS
[Dispensing Quantity: 300mLs OR Other Quantity:	Fluticas Flucont Urea	548	Dictorenae 5% Bactoren 2%
Neuropathic & Chronic Pain NCP-5 Ketamine Bacdofen Gabaponin Imipiramine Niledipina Lidocalne NCP-8 Ketamine Bacdofen Bacdofen Cyclobenzaprin Flurbiprofen Gabapentin	e 2% (SIG: Appy 1-2 pur 10% (Metabo	1/1 300mLs OR Other Obsorby	
(Dispensing Cusmity, 300mLs OR Other Quantity	MS- WEL 10% DER 2% WEL 8 2% Co-Q1 6% Alpha	1: GENERAL LNESS/ IMATOLOGIC LNESS 0 75mg Lipolc Acid 50mg tyl Cystine 250mg 1000 IU	MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS Methylcobalamine 40mg Pyrldoxal-5-Phosphate 100mg 5-MTHF 8mg
(Dispensing Quantity: 300mbs OR Other Quantity:) (SIG: Apply 1-2 pumps to affected area 0.4 times duly: 1 pump = 1,5 mbs. Relife.	(SIG:Take 1 capsur Refor	e py mouth twice daily; Dispense कर 60 OR Aftern	
Alternative SIG:			
Prescriber Name: Collect Kenned Lic. #: M7325 DEA: Address: 1309 Ridge Rd Str Phone #: 214-775-1356 Signature (Note: Manual Signature Required for C	#		Date: 24 4

OmniMD - Physician Empowered » Patient Dashboard

Dr. Colleen Kennedy, M.D., Baylor	Dallas Clinic, Colleen	I Kennedy, MD, PA				Omni Version 14.0	MY
Patients Transcriptions Appoin			diology Document	ts Forms R	Referrals CMS Incent	ive Program Billin	g
oday's List Open Mess	sages [4 : Health Alerts	My Profile Clinic GuideLi	ines Updates Pra	ctice File tal Check		10 Vie Documentation Fax Sta	
Ratient Dashboard							
Vinzant, He Garland, Texas - 7 SSN #Ext. Re	75044 Referring Prov Pri. Care Prov	vider: rider: nges:	lealth Record				
Phone	(H)	viei t		History	Electronic Notes		
Chart#VINHE0001 Age 38 yrs Pat. Due \$0.0 Prin STMT.		for compounding cream to Omni I	plus pharmacy	Edit	Enter Keyword	<u> </u>	
Patient's Primary Insurance	Details						
Payer / Policy	Group / Plan	Member/ Subscriber	Va	lidity	Co-Pay Details	Action	
United Healthcare	Grp: 628055591	MemId:	to		Co-Pay:	Edit	
Policy: <u>826737871</u>	Plan:	SubId:			Ann.Deduc:	Eligibility	j
<u>Demographics</u> ✓	Allergies	OmniMD Rx Histo	ry <u>Tran</u>	scriptions	Mess	ages	
Insurance Records√	Current Medications	All Rx History	Refe	rrals	CDA		
Eligibility Info	Medical History	Rx Refills	Form	Records	<u>Lock</u>	Users	
Advance Directives	Family History	Rx Change Reque	sts Scan	ned Docume	nts√ Supe	r Bills	
Patient Confidentiality	Social History	Lab/Radiology Or	ders Patie	nt Flow Shee	et <u>Patie</u>	ent Ledger	
Patient Annotations	Immunization	Lab/Radiology Te	st Results Activ	e Problem Li	ist		
	HIPAA Disclosure	Progress Report	-	ling Immuniz		ent Contact	
Incoming Referral File	Amendment	Patient Education	_ <u>T</u> _				
Patient Portal Information 9,							
Billing Note							
Cases and Visits						New Case	/Visit
Date of Service		Chief Complaint	Attending Provider		Progress	8 8	Action
Case: np					ogens genge		,
L-10/29/2013 11:15 AM-11:30 AM	M TUE	np	Ms. Maries Laurel		°r 🗹		
Patient's Recent and Upcomi	ing Health Alerts					Add Health	Alert
Applicable Category	Health Alert		Status	Actio	on Comm	unication Type	
Patient's Future Appointmen	nts						<u>Print</u>
Dt.of Service		Chief Complaint		Prov	ider	Procedures	
						<u>Delete F</u>	atient
HELP Help Desk: 914.	.3325590 Report a Proble	m ICD-10 Transition Feedback	reedback				

Visit Report - Vinzant, Helen - 10/29/2013 11:15 AM(CST) (OmniMD)

Patient : Vinzant, Helen	Sex	: Female
Chart#: VINHE0001 Phone: (H), Ref By:	DOB Address	: :
DOS: 10/29/2013 11:15 AN Chief Complaint: Np Attended By: Ms. Maries Laure		15 mins), Location: CIK Business Office Rockwall 5-1356)
Employer:		
Allergies		
No Allergies Recorded. Current Medications		
VITAL SIGNS Height 63 inch 160 cm		
Weight 125 lbs 56.7 Kg		
BMI 22.1 Kg/m ²		
		FOLLOW UP NOTE
Patient Name: Vinzant, Helen Chart Number: VINHE0001 Date of Service: 10/29/2013 1	.1:15 AM(¢	CST)
Procedure Performed:		
Vitals: Temp: BP:/ Pulso Starting Weight: Current V	e Rate: Veight:	_ O2 Sat: Change:
Current Medications:		
Note: c/o of joint pains and force and pain/inflammation cr	nas hx cut eam	s/scarring with poor cosmetic healing-called in compound scar reduction
Impression: scarring with po	or healing	g, joint pain
Plan: apply compound scar re	duction cr	ream and pain/inflammation cream to affected area prn
F/U in: as needed Prescriptions and Lab Order	s	
Diagnoses		
DIAGNOSES		
Procedures		
PROCEDURES		
Disposition		

Patient			DOB		Insurance Info	
Helen	VINZAN			Carrier:		····
Home Phone	11 2011.	Cell Phone		Bin#	PCN#	
Address				Group #		
City	. 0	State	Zip	Workers Comp	Yes	No
Allergies A.	md KDA	Diag.	Zip 75044	DOI	Claim #	
morgico N	KDU	Diag.		001	Olail I	· · · · · · · · · · · · · · · · · · ·
GPI-1 • Flurbiprofen • Cyclobenzaprii • Baclofen • Lidocaine	10%	GPI-2 *Tranadol 5% *Flurbiprofen 20% * Cyclobenzaprine 2% * Baclofen 2%	BR • Ket • Cio • Gat • Flu	P-3 amine 10% bapentin 6% tripiprofen 10% coaine 2%	BRP-4 Gabapentin Clonidine Dictofenac Lidocatine	6% 0.1% 2% 2% 2%
intergoriuel ^v	e & Chron	e Pain)	Specia		Pentoxifylline	2%
NCP-5 • Ketamine • Bactofen • Gabapentin • Imipramine • Nifedipine • Lidocaine	10% 2% 6% 3% 2% 2.5%	NCP-6 • Ketamine 10% • Lidocaine 5% • Acyclovir 10% • Amitriptyline 2% NCP-8 • Ketamine 10% • Baclofen 2%	11. Ketop Indon Triam Lidoc	KITL gout profen 10% nethacin 10% cinclone 0.2% aine 5%	14. Infected N Pnenytoin Misoprostol Aloe Vera Prilocaine Levofloxacin Metronidazole Vancomycin	Wounds 5% 0.0024% 200:1 2% 2% 5%
Flurbiprofen Baclofen Cyclobenzapri Gabapentin Lidocaine	20% 2% ne 2% 6% 2.5%	Cyclobenzaprine	Flutic Levox Pentc Priloc	Multi Purpose Topical Scar Gel asone Propionate 1% etrizine Dihydrocnloride 2% oxifylline 0.5% aine 3% pentin 15%	15. Other custom form	mulation
Ketamine Baciofen Cyclobenzapri Gabapentin Lidocaine Diclofenac	10% 2% 2% 6% 6% 2% 3%	 Arnitriptyline Lidocaine NCP-11 Lidocaine Prilocaine Prilocaine Lamotrigine Meloxicam 0.09% 	Phen Misor Aloe Priloc	orostol 0.0024% Vera 200:1	A. 1	
SIG: Apply 1-2 pu		ed) = 4 wook eu pply area 3-4 times daily		120 mls	for 2 wes	
SIG: Apply 1-2 pu Alternate SIG: Prescriber Name	mps to affected	nedy, Co	1 pump = 1.5 mL	S Refills: PM	8897810	
Marcoo	309 là	A,	Stef 109			8.7
Phone #: 21u	115.13) 6 Fa	1×#: ~ 1/12/11.	613 . 22 5	\$1	·

KEN002922

S-11X		1505		
Patient		DOB		nce Info
Helen	VINZANT		Carrier:	
Home Phone	Cell Phone	·	Bin#	PCN#
Address			Group #	
City Oarlens	State	Zin750UY	Workers Comp	Yes No
Allergies NICDA	Dica	()	DOI	Claim #
NICUA	<u> </u>			
Cyclobenzaprine 2 Baclofen 2	GPI-2 Tramadol 5% Flurbiproten 20% Cyclobenzaprine 2% Baclofen 2%	BF • Ke • Cli • Gi • Flu	RP-3 Itamine 0.2% abapentin 6% urbiprofen 10%	BRP-4 • Gabapentin 5% • Clonidine 0.1% • Diclotenac 2% • Lidocaine 2%
ાં કાર્યોક્યું ભાપદી ^γ	(Gironie Pain)	Specia	alty	Pentoxifylline 2%
Baclofen Gabapentin Imipramine Nifedipine	NCP-6 • Ketamine 10% • Lidocaine 5% • Acyclovir 10% • Arnitriptyline 2% NCP-8 • Ketamine 10%	Keto Indo Triar Lido	profen 10% methacin 10% ncinolone 0.2%	14. Infected Wounds Phenytoin 5% Misoprosloi 0.0024% Atoe Vera 200:1 Prilocatine 2% Levofloxacin 2% Metronidazole 2%
Baclofen Cyclobenzaprine Gabapentin	- Baclofen 2% - Cyclobenzaprine 2% - Flurbiprofen 10% - Sabapentin 6% - Sw - NCP-10 - Acyclovir 5%	Fluti Levo Pent	Multi Purpose Topical Scar Gel casone Propionate 1% cetimizine Dihydrochloride 2% oxifylline 0.5% caine 3%	Vancomycin 5% 15. Other custom formulation
Baclofen Cyclobenzaprine Gabapentin Lidocaine	- Deoxy-D-Glucose 2% - Ketoprofen 10% - Amitriptyline 2% - Lidocaine 5% - NCP-11 - Lidocaine 2% - Prilocaine 2% - Lamotrigine 2.5% - Meloxicam 0.09%	Gab	Non-Infected Wounds nytoin 5% pprostol 0.0024% Vera 200:1 coaine 2% oliraWash Gel Base	
	iree Hundred) = 4 week supp to affected area 3-4 times da		Ls Refills: PAN	
Prescriber Name:	Cennedy Coll	leen MD	NPI# 150889	7810
ic.#:	3 25 DEA:#	AL-	0	11000000
Address:	9 Ridge Nd	540 /109	, lock we	U X 75087
Phone #:		=ax #:	613.223)	n inta
signature (Note: Manu	al Signature Required for CS)	U/V-		Date: (D/A)

KEN002923

Dr. Colleen Kennedy, M.D	., Baylor Dallas Cli	_{inic} , Colleen I	Kennedy, MD,	PA				Version 1	INI 💯
atients Transcriptions	Appointments	Charge Capture	Prescriptions L	abs/Radiology [ocuments Forn	ns Referrals CM	1S Incentive	Program	Billing
oday's List 🎎 Open	Messages [4 :	Health Alerts I	My Profile Clinic	GuideLines Upda	tes Practice Fortal C	File Uploa Checksum Certii	ad MU ficate Docu	ımentation	View Fax Status
Patient Dashboard									
Vinza SSN #	ent, Jonathan Ext. Rec#:	Principal Provider: Referring Provider: Pri. Care Provider: Unread Messages: Message Alert	Dr. Colleen Kenne	dy <u>Health Record</u>					
Phone	(H)				History	Electronic	Notes		
DOB Age	38 yrs Sex: Male				mstory			101-	
man # VINGOUUT	#0.0 Drint Lact				Edit	Enter Key	word]90	
atient's Primary Ins									
Payer / Policy	Group		Member/ Subscr	iber	Validity	Co-Pay Details	5	Action	
JnitedHealthcare	•	28055591	MemId:		to	Co-Pay:		Edit	
olicy: <u>826737871</u>	Plan:		Subid:			Ann.Deduc:	-,	Eligibility	
Demographics√	Allergies		OmniMD Rx	History	Transcriptions	;	Messages		
Insurance Records√		ledications	All Rx Histor		Referrals		CDA		
Eligibility Info		istory 🔻	Rx Refills	-	Form Records		Lock User	S	
Advance Directives	Family His		Rx Change F	Requests	Scanned Docu	ments√	Super Bills	2	
Patient Confidentiality	Social His		Lab/Radiolo		Patient Flow S	heet	Patient Le		
Patient Annotations	Immuniza		Lab/Radiolo	gy Test Results	Active Problem	n List			
Patient Activity History	HIPAA Dis		Progress Re	port	Pending Immu	inizations	Patient Co	ntact	
Incoming Referral File	Amendme		Patient Edu						
Patient Portal Information		- 							
Billing Note									
ases and Visits								New Cas	se/Visit
Date of Service		Chie	f Complaint	Attending Pr	ovider	Pro	gress 🚹 🗎	Ž.	Action
Case: np						0.1	0.2		
-10/29/2013 11:00 AM	I-11:15 AM TUE	np		Ms. Maries Lau	ırel	ĬF	(R)		
atient's Recent and	Upcoming Heal	th Alerts						Add Healt	h Alert
Applicable Catego	ory Healt	th Alert		Stat	us Ad	ction	Communica	tion Type	
and and Paterna America									Print
Patient's Future Appo	ointments		Chief Complaint		D	rovider	Proce	durae	PIIIL
Ot.of Service			Chier Complaint		PI	ovidei	Proce	uures	
								Delet	e Patient
HELP Help D	Desk: 914.332.5590	Report a Problem	ICD-10 Transition Fee	dback Feedback					
						A***			
		Copyright © 2018	OmniMD. All Rights Res	erved. OmniMD™ is a	trademarkof <u>ISM, I</u>	nc.	Secured click to visely	by () the	iwte 11-16

Visit Report - Vinzant, Jonathan - 10/29/2013 11:00 AM(CST) (OmniMD)

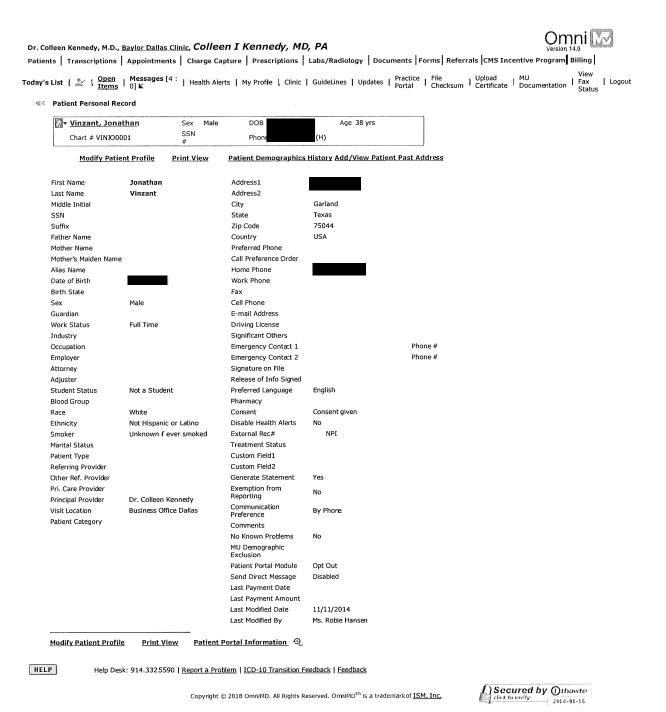
Patient : Vinzant, Jonathan	Sex	: Male
Chart#: VINJO0001 Phone: (H), Ref By:	DOB Address	: Garland, Texas 75044
DOS: 10/29/2013 11:00 AM <u>Chief Complaint: Np</u> Attended By: Ms. Maries Laurel		mins), Location: CIK Business Office Rockwall
Employer:		
Allergies		
No Allergies Recorded. Current Medications		
VITAL SIGNS Height 69 inch 175 cm		
Weight 220 lbs 99.8 Kg		
BMI 32.5 Kg/m ² Abnormal		
		FOLLOW UP NOTE
Patient Name: Vinzant, Jonatha Chart Number: VINJO0001 Date of Service: 10/29/2013 11		ST)
Procedure Performed:		
Vitals: Temp: BP:/ Pulse Starting Weight: Current We	Rate: eight:	O2 Sat: Change:
Current Medications:		
Note: c/o of joint pains and hacream and pain/inflammation crea		scarring with poor cosmetic healing-called in compound scar reduction
Impression: scarring with poo	healing, j	joint pain
Plan: apply compound scar red	uction crea	am and pain/inflammation cream to affected area prn
F/U in: as needed		
Prescriptions and Lab Orders		
Diagnoses		
DIAGNOSES		
Procedures		
PROCEDURES		
Disposition		

Patient			DOB		Insura	nce Info	
TONATHA	W VII	VZANT		Carrier:	VHI	82673	2271
Home Phone		Cell Phone		Bin#	VVII	PCN#	, n 11
Address				Group #			
City		State	Zip 75044	Workers C	Comp	Yes	No
Allergies C.	ng i	Diag.	75044	DOI		Claim #	
(28A) 13	nony	un		/			
General Fain	i/Initar	tittistijoju	(Back)	& Redicul	er Pain		
GPI-1		→ GPI-2	<u>В</u>	RP-3		BRP-4	
• Flurbiproten • Cyclobenzaprine	10%	ノ・Tramadol 5% ・Flurbiprofen 20%	6 :	letamine Clonidine	10% U	Gabapentin Clonidine	6% 0.1%
Baclofen Lidocaine	2% 2%	Cyclobenzaprine 29 Baclofen 29	6	Sabapentin Turbiprofen Idocaine	6% 10% 2%	Diclofenac Lidocaine Pentoxifylline	2% 2% 2%
V (0-25		·				-74
Maindeathie	realite)	unaten)	Speci	alfw	at the		
NCP-5 • Kelamine	10%	NCP-6 • Ketamine 10%	60,000,000,000,000	restante areales.			
Baclofen Gabapentin	2% 6%	Lidocaine 5% Acyclovir 10%	, () 11	. KITL gout		14. Infected Phenytoin	Wounds 5%
 Imipramine Nifedipine Lidocaine 	3% 2% 2.5%	Amitriptyline 2%	Ind	oprofen ornethacin amcinolone	10% 10% 0.2%	Misoprostol Aloe Vera Prilocaine	0.0024% 200:1 2%
Lidosanio		NCP-8 • Ketarnine 10%	Líd	ocaine	5%	Levofloxacin Metronidazole	2% 2% 2%
NCP-7 • Flurbiprofen	20%	Baclofen 2% Cyclobenzaprine 2% Flurbiprofen 10%	(N) 12	. Multi Purpos	e japan	Vancomycin	5% 27.2323234721
Baclofen Cyclobenzaprine Gabapentin	2% 2% 6%	• Gabapentin 6%	6 1 H	Topical Scar licasone Propionate	Gel	15. Other	rmulation
• Lidocaine	2.5%	NCP-10 • Acyclovir 59	Lev Per	ocetirizine Dihydrochlori ntoxifylline	de 2% 0.5%		. • •
NCP-9		Deaxy-D-Glucose 25 Ketoprofen 109	6 Ga	ocaíne bapentin	3% 15%		
Ketamine Baclofen Cyclobenzaprine	10% 2% 2%	Amitriptyline 29 Lidocaine 59		. Non-Infecte	d		
Gabapentin Lidocaine	6% 2%	NCP-11		Wounds enytoin	5%		
Dictofenac	3%	Lidocaine 29 Prilocaine 29 Lamotrigine 2.59	6 Alo	oprostol 5 e Vera ocaine	0.0024% 200:1 2%		
1		• Meloxicam 0.099	6 (in S	SpiraWash Gel Base	general and a SS was asset	n 14 d mys lywyd y 17 diwydd gant a'r 60 di	rgeraj programanas).
		÷	1 J. J. 425 J. 486 J.	e ordered i Legitaria i Bibl	in Paling (1994) in the Sea	edi voller det Redich Hellich i Selveg	optobelikation l
		dred) = 4 week supp		120 W	W X 2	WILL	
SIG: Apply 1-2 pum Alternate SIG:	ps to affect	ed area 3-4 times da	ıly 1 pump = 1.5 n	nus Refills:	part		
	(-11	200 / 20	sody-um) 1	5,020	17810	THE RESERVE OF THE PARTY OF THE
Prescriber Name:	325		nedy-wy	NPI#'	7080	1,010	
_ic, #:	09	Lidse Rd	. Ste 10	Roce	cwell.	7X 70	C80;
Phone #:	1.775	5. 1356	Fax #: 214	1613.	223)	· · · · · ·	
Signature (Note: Ma	ınual Signatı					Date:	0/29/
		Note: Tramadol and	d Ketamine are co	/ ntrolled subs	tances.		1

KEN002926

OmniMD - Physician Empowered » Patient Personal Record

Page 1 of 1



https://www8.omnimd.com/servlet/PatientController?action=View&patientId=6FA1C832-... 1/16/2018
CONFIDENTIAL KEN002927

	1.D., Baylor Dallas Clinic,						(Omni Jersion 14.0	
,	ns Appointments Ch	•	·		, ,	•		gram Billin Vie	•
oday's List 🎎 \ Ite	oen Messages [4 : ⊦ ems 0] F	lealth Alerts My Pro	fie Clinic GuideLi	nes Updates	Portal Check	sum Certifica	ate MU Documen	tation Fax Sta	k Logou atus
Patient Dashbo	ylor, Jayden Ext. Rec#:	Principal Provider: Referring Provider: Prl. Care Provider: Unread Messages: Message Alert	Dr. Colleen Kenne	dy <u>Health Record</u>		, Electr	onic Notes		
Chart # SAY IA0001 Age	17 yrs 3 mths Sex: Ma oue \$0.0 Print Last STMT.	sent script for co	mpounding cream to O	mni plus pharmacy	Histo , Edit		r Keyword	_ ଅ 🛭	
Patient's Primary I	nsurance Details Group / Plan	Membe	r/ Subscriber		Validity	Co-Pay Det	aile	Acti	on
No Primary InsuranceRe		Prembe	1/ Subscriber		validity	Co-ray bec	ans	ļ/icu	
Demographics√ Insurance Records Eligibility Info Advance Directives Patient Confidentialit Patient Annotations Patient Activity Histo Incoming Referral Fil Patient Portal Informa Billing Note Cases and Visits Date of Service Cases: np L 10/29/2013 11:30	Immunizatio ry HIPAA Discle Amendment ation Q,	ory ¥ CY Y n esure	OmniMD Rx Hist All Rx History Rx Refills Rx Change Requ Lab/Radiology C Lab/Radiology T Progress Report Patient Educatio	ests Orders est Results		heet 1 List	Message CDA Lock Use Super Bil Patient L Patient C	rs ds edger contact	ase/Visit Action
	d Upcoming Health A								ilth Alert
Applicable Ca	tegory Health /	Alert		Status	6 A	ction	Communic	ation Type	
Patient's Future Ap	pointments								<u>Print</u>
Dt.of Service		Ch	ief Complaint		Pı	rovider	Proc	edures	
Charts & Reports: <u>Grov</u>	<u>wth Charts</u>							<u>Dele</u>	ete Patient
HELP Help	p Desk: 914.332 <i>5</i> 590 <u>Rep</u>	ort a Problem ICD-10	Transition Feedback	<u>Feedback</u>					
	(Copyright © 2018 OmniM	D. All Rights Reserved. O	mniMD™ is a traden	narkof <u>ISM, Inc.</u>	1)5	ecured by	() thawte	-,

Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 1 of 2

Patient : Saylor, Jayden	Sex : Male
	DOB : Address : Garland, Texas 75044
DOS: 10/29/2013 11:30 AM Chief Complaint: Np Attended By: Ms. Maries Laurel	(CST) (15 mins), Location: CIK Business Office Rockwall (214-775-1356)
Employer:	
Allergies No Known Drug Allergies.	
<u>Intolerance</u> No Intolerance Recorded	
Current Medications <u>Current Medication</u> No Current Medication Recorded.	<u>Dosage Frequency Duration Reason</u>
VITAL SIGNS Height 67 inch 170 cm	
Weight 120 lbs 54.4 Kg BMI 18.8 Kg/m ²	
	FOLLOW UP NOTE
Patient Name: Saylor, Jayden Chart Number: SAYJA0001 Date of Service: 10/29/2013 11	:30 AM(CST)
Procedure Performed:	
Vitals: Temp: BP:/ Pulse Starting Weight: Current Weight	Rate: O2 Sat: eight: Change:
Current Medications:	
Note: hx of eczema scarring, i	tching and scratching causing scarring-called in compound scar reduction cream
Impression: eczema	
Plan: apply compound scar rec	luction cream to affected area prn
F/U in: as needed Prescriptions and Lab Orders	
Diagnoses	
DIAGNOSES	
Procedures	
PROCEDURES	

Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 2 of 2

Disposition

r	•		· · · · · · · · · · · · · · · · · · ·		
Patient		DOB		nsurance Info	
Tayden	Say lox		Carrier: U.HC	82273787	
Home Phone	Cell Phone		Bin#	PCN#	
Address			Group # 20	4201	
City God and	State	Zip 5044	Workers Comp	Yes No	
Allergies Pentarlin	Diag.	1,901,4	DOI	Claim #	
jemam.					
				等等等的。 11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	স্থত
General Pain / Inf	amerior.	Back &	Radicular Pa	in)	
GPI-1	GPI-2		P-3	BRP-4	Maj.
Flurbiprofen 10% Cyclobenzaprine 2% Baclofen 2%	• Tramadol 5% • Flurbiprofen 20% • Cyclobenzaprine 2%	€ · Clo	tamine 10% onidine 0.2% bapentin 6%	Gabapentin 6' Clonidine 0.1' Dictofenac 2'	%
• Lidocaine 2%	• Baclofen 2%	• Flu	rbiprofen 10% 3	• Lidocaine 29	
			ettera in berija	Parado parado per de la lación de la composición de la composición de la composición de la composición de la c	.X.
Neuropathic & Ch	Holle Elli	Specia	altv		
NCP-5 • Ketamine 10%	NCP-6 • Ketamine 10%	Colorenses:			
• Baclofen 2% • Gabapentin 6%	Lidocaine 5% Acyclovir 10%		KITL gout		%
Imipramine 3% Nifedipine 2% Lidocaine 2.5%	• Amitriptyline 2%	🏥 Indor	orofen 10% / methacín 10% / ncinolone 0.2%	Misoprostol 0.0024 Aloe Vera 200 Prilocaine 2	
Livocaine 2.5%	NCP-8 • Ketamine 10%	Lidoo		Levofloxacin 2	% % %
NCP-7 • Flurbiprofen 20%	• Baclofen 2% • Cyclobenzaprine 2%	1 2.	Multi Purpose	Vancomycin 5	% ⊐Z∯
Baclofen 2% Cyclobenzaprine 2%	• Flurbiprofen 10% • Gabapentin 6%	W	Topical Scar Gel	15. Other custom formulation	,
• Gabapentin 6% • Lidocaine 2.5%	NCP-10	Levoc	etirizine Dihydrochloride 2% oxifylline 0.5%	Casion formalation	
NOD 0	Acyclovir 5% Deoxy-D-Glucose 2% Ketografia		caine 3% papentin 15%		
NCP-9 • Ketamine 10% • Baclofen 2%	 Ketoprofen 10% Amitriptyline 2% Lidocalne 5% 	1 30 30 32 32 32 32 32 32 32 32 32 32 32 32 32	Non-Infected		
Cyclobenzaprine 2%Gabapentin 6%			Wounds	Service Service	
Lidocaine 2%Diclofenac 3%	NCP-11 • Lidocaine 2%	Miso	nytoin 5% prostol 0.0024%		
	Prilocaine 2% Lamotrigine 2.5% Meloxicam 0.09%		Vera 200:1 caine 2% biraWash Gel Base		
	. Weloxidam 0.00%				
	Hundred) = 4-week suppl		120 mls >	(2 WB	
SIG: Apply 1-2 pumps to a Alternate SIG:	fected area 3-4 times dail	y 1 pump = 1.5 mL	s Refills:		
	11			00-0910	
Prescriber Name:		nn edy, wy	D NPI #	<u>8847810</u>	
Lic.#:	DEA:#	(10)	· • · · · ·	. // (C) 7ES/	•
Address: 1309	cage le	- 2-14/10	of loce	-val 1/1x 7589	1_
Phone #: 2(4 • 1	75. 1356 F	ax #:	· 613· 2	231	T
Si gnature (Note: Manual Si	gnature Required for CS)	('\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·	Date: 10 29	U
	Note: Tramadol and	Ketamine are con	ntrolled substances.		

	1	ı insu	Irance Into
JAYDEN SAYLOR		Carrier:	
Home Phone Cell Phone		Bin#	PCN#
Address		Group #	1.3."
		*	
City Garlano State	Zip	Workers Comp	Yes No
Allergies Diag.		DOI	Claim #
General Pain / Inflammation	Specia	alty	
GPI-2	XX sc	AR C	DERM-5: CONTACT
• Tramadol 5% • Flurbiproten 20% • Cyclobanzaprine 2%		asone Propionate 1%	DERMATITIS Fluticasone 1%
• Baclofen 2%	📓 (7) For p	odlylline 0.5% ainful scars add:	Methylcobalamin 0.07% Coenzyme Q10 4%
(Dispensing Disently, 300mLs OR Other Quantity,	Priloc Gaba	aine 3% pentin 15% 7	Contact Dermatfills with pain add: Lidocaine 2%
(SG: Apply 1-2 pumps to affected drea 3-4 times daily: 1 pump = 1.5 mts	(B)	RM-2:TOPICAL	Hydroxyzine 2%
Back & Radicular Pain	M U ANT	TI FUNGAL CREAM	DERM-6: PSORIASIS
DDD 2 DDD 4	Fluco	nazcle 2% 2 xitylline 0.5% 5	Fluticasone 1% Methylcobalamin 0,042%
• Ketumine 10% • Gabapentin 6% • Clonidine 0.1% • Gabapentin 6% • Dictofenec 2% • Flurbjørofen 10% • Lidocalne 2% • Pentoxifyiline 2%	Lidoc		Coenzyme Q10 2.4% Vitamin D3 0.03%
Flurbiproten 10% Lidocaline 29 Lidocaline 2% Pentoxityiline 29		M-3: ANTI	Tratinoin 0.012%
(Dispensing Quarty; 300mLs OR Other Quarty;)		GAL NAIL LOTION 黑 (DERM-7:PLANTAR FASCIITIS
(SIG:Appy 1-2 pumps to affected area 3-4 times delty; 1 pump = 1.5 mLs. Rehits:	-) Flucon	C48	Dictotenac 5% Bactofen 2%
Neuropathic & Chronic Pain			Fluticasono 1% Lidocalne 2%
NCP-5 NCP-8			Verapamil Hydrochloride 10%
- Ketamine 10% - Ketamine 10% - Bactofen 2% - Bactofen 2% - Gabapontin 5% - Cyclobenzaprine 2%	(SIG: Apply 1-2 pu	thy: 300mLs OR Other Duantry	= 1,5 mile Fields;
Impramine 3% Flurbiproten 10% Niledipine 2% Gabapentin 6%		lic Supplements	
Lidocaine 2.5% (Osperalog Country: 000mLa OR Other Country:	The second second		NO SURFICIO DE LA CONTRACTOR DE LA CONTR
(SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs. Refills:	WE	1: GENERAL FLUID FOR STATE OF THE STATE OF T	MS-2: NEUROPATHIC/
NCP-7 • Flurbiprofen 20% • Bactofen 2% • Bactofen 2%	14/1-	RMATOLOGIC LLNESS #	POST SURGICAL WELLNESS
• Cyclobenzaprine 2% • Cyclobenzaprine 2% • Gabapentin 6% • Gabapentin 6%	Co-Q	10 75mg	Methylcobalamine 40mg Pyridoxal-5-Phosphate 100mg
• Lidecaine 2.5% • Lidecaine 2% • Dictoronac 3%	11 A a a	etyl Cysline 250mg	5-MTHF 8mg
(Dispensing Quantity: 300mbs GR Other Quantity: [SIG:Appy 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mbs. Relifes.	(SIG:Take) com	िहर्ति हैं। RO 05 ार senegaid tylkin dwice duy mouth twice duy	Atternative SIG:
(SIGNASSY THE POTTES TO EMECODE BEELONG BUTTES COUNTY TO THE POTTES OF T	Be2s:)		
Alternative SIG:			
Prescriber Name: Colleen Kennedy		NPI# /05 8897	Q10
lann -		_NPI#	
Lic. #:	Rochest, T.	75087	,
Address. I Color	ax #: 214-613		
Signature (Note: Manual Signature Required for CS)		11//	Date: 124 14
	s Schedule III conti	rolled substance.	——————————————————————————————————————

Visit Report - Saylor, Ja	yden - 10)/29/2013	11:30 AM(CS1) (Omniv.	1D)	Page 1 of 1
Patient : Saylor, Jayden	Sex	: Male			
Chart#: SAYJA0001 Phone: (H), Ref By:	DOB Address	:	Garland, Texas 750	044	
	AM(CST) (15 mins),	Location: CIK Business Office R	Rockwall	
Chief Complaint: Np Attended By: Ms. Maries Laur	el (214-77	5-1356)			r
Employer:				•	
Allergies No Known Drug Allergies.					
Intolerance No Intolerance Recorded					
Current Medications Current Medication No Current Medication Record		sage !	Frequency Duration Reas	<u>son</u>	
VITAL SIGNS Height 67 inch 170 cm					
Weight 120 lbs 54.4 Kg					
BMI 18.8 Kg/m ²					
		FOL	LLOW UP NOTE		
Patient Name: Saylor, Jayde Chart Number: SAYJA0001 Date of Service: 10/29/2011		(CST)			
Procedure Performed:					
Vitals: Temp: BP:/ Pu Starting Weight: Curren	ilse Rate: _ t Weight:	O2 Sat: Change:			
Current Medications:					
Note: hx of eczema scarrii	ng, itching	and scratchii	ing causing scarring-called in co	ompound scar reduction	cream
Impression: eczema					
Plan: apply compound scar	reduction	cream to aff	fected area prn		
F/U in: as needed Prescriptions and Lab Ord	ers				
Diagnoses					
DIAGNOSES					
Procedures	A		1	~ 0	
PROCEDURES	/	1 MA	expamil	M	
Disposition	/\	7. WV U		7	
	t				

https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi... 10/23/2015

OmniMD - Physician Empowered » Patient Dashboard

Patient Dashboard Garlad, Texas - SSN # Ext Phone	75044 Referring Pri, Care Unread N	Provider: Dr. Colleen Kenner Provider: Provider: essages: ge Alert	dy <u>Health Record</u>	Electronic	Notes	
DOB Chart # VINFA0001 Age 7 yrs		cript for compounding cream to O		t Enter Key	word a G	
Patient's Primary Insuran						
Payer / Policy Jnited Healthcare Policy: <u>826737871</u>	Group / Plan Grp: 628055591 Plan:	Member/ Subscriber MemId: SubId:	r Validity to	Co-Pay Details Co-Pay: Ann.Deduc:	Action Edit Eligibilit	cy .
Demographics Insurance Records Isligibility Info Advance Directives Patient Confidentiality Patient Annotations	Allergies√ Current Medications√ Medical History ▼ Family History Social History Immunization	OmniMD Rx Hist All Rx History Rx Refills Rx Change Requ Lab/Radiology C Lab/Radiology C	Referrals Form Record lests Scanned Do	<u>ds</u> cuments v Sheet	Messages CDA Lock Users Super Bills Patient Ledger	
Patient Activity History Incoming Referral File Patient Portal Information © Billing Note	HIPAA Disclosure Amendment	Progress Report Patient Educatio		<u>munizations</u>	Patient Contact	
ases and Visits					New Ca	ase/Vi
Date of Service		Chief Complaint	Attending Provider	Pro	gress 🚹 🐧	Acti
Case: np L_10/29/2013 10:30 AM-10:4	5 AM TUE	np	Ms. Maries Laurel	°F	K	
Patient's Recent and Upco	ming Health Alerts Health Alert		Status	Action	Add Hea	Ith Ale
мррпсавіе саседот ў	Treatm Alerc					
	ents	Chief Complaint		Provider	Procedures	<u>Pri</u>
atient's Future Appointm Ot.of Service		- Company				

Page 1 of 2 Visit Report - V - 10/29/2013 10:30 AM(CST) (OmniMD) Patient: V Sex : Male Chart#: VINEA0001 DOB Garlad, Texas 75044 Phone: (H), Address: Ref By: DOS: 10/29/2013 10:30 AM(CST) (15 mins), Location: CIK Business Office Rockwall Chief Complaint: Np Attended By: Ms. Maries Laurel (214-775-1356) Employer: **Allergies** No Known Drug Allergies. **Intolerance** No Intolerance Recorded **Current Medications** <u>Duration</u> <u>Reason</u> **Current Medication Dosage** Frequency No Current Medication Recorded. **VITAL SIGNS** Height 40 inch 101 cm Weight 45 lbs 20.4 Kg BMI 19.8 Kg/m² **FOLLOW UP NOTE** Patient Name: \ Chart Number: VINEA0001 Date of Service: 10/29/2013 10:30 AM(CST) **Procedure Performed:** Vitals: Temp: ___ BP: __/__ Pulse Rate: ___ O2 Sat: Starting Weight: ___ Current Weight: Change: **Current Medications:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream Impression: eczema Plan: apply compound scar reduction and derm cream to affected area prn F/U in: as needed **Prescriptions and Lab Orders Diagnoses DIAGNOSES Procedures**

https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visit... 1/16/2018 CONFIDENTIAL KEN003970

PROCEDURES

Visit Report - V - 10/29/2013 10:30 AM(CST) (OmniMD)

Page 2 of 2

Disposition

OmniMD - Physician Empowered » Patient Personal Record



Visit Report - V	E - 10/29/2013 10:30 AM(CST) (OmniMD)	Page 1 of 1
Patient : Valoria , E	Sex : Male	
Chart#: VINEA0001 Phone: (H) Ref By:	DOB : Garlad, Texas 75044	
DOS: 10/29/2013 10:30 Chief Complaint: Np Attended By: Ms. Maries La	O AM(CST) (15 mins), Location: CIK Business Office Rockwall aurel (214-775-1356)	
Employer:		
Allergies No Known Drug Allergie	S.	
<u>Intolerance</u> No Intolerance Recorded		
Current Medications Current Medication No Current Medication Reco	<u>Dosage Frequency Duration Reason</u> orded.	
VITAL SIGNS Height 40 inch 101 cm		
Weight 45 lbs 20.4 Kg		
BMI 19.8 Kg/m ²		
	FOLLOW UP NOTE	
Patient Name: V E Chart Number: VINEA000: Date of Service: 10/29/20		
Procedure Performed:		
Vitals: Temp: BP:/ Starting Weight: Curre	Pulse Rate: O2 Sat: ent Weight: Change:	
Current Medications:		
Note: hx of eczema scar	ring, itching and scratching causing scarring-called in compound scar reduction cream	
Impression: eczema		
Plan: apply compound sc	ar reduction and derm cream to affected area prn	
F/U in: as needed Prescriptions and Lab Or	rders	
Diagnoses		
DIAGNOSES		
Procedures	Λ	
PROCEDURES	1 1 1 1 20 CA La a W PMM	
Disposition	Manusdama PMP	

https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi... 10/23/2015

Patient	DOB Insurance Info						
E	Carrier:						
Home Phone Cell Phone	Bin# PCN#						
Address	Group #						
City Garland State	Zip 7 5044 Workers Comp Yes	No					
Allergies Peui Ci Win Diag.	DOI Claim #						
readon							
General Pain / Inflammation GPI-1 • Flurbiprofen 10% • Cyclobenzaprine 2% • Baclofen 2% • Lidocaine 2% • Baclofen 2% • Baclofen 2% • Baclofen 2%	Back & Radicular Pain BRP-3 · Ketamine 10% · Clonidine 0.2% · Gabapentin 6% · Gabapentin 6% · Flurbiprofen 10% · Lidocaine 2% Pentoxifylline	6% 0.1% 2% 2% 2					
Neuropathic & Chronic Pain	Specialty	9 2%					
NCP-5 Ketamine 10% Edamine 10% Lidocaine 5% Acyclovir 10% Amitriptyline 2% Lidocaine 2% Amitriptyline 2% Lidocaine 2.5% NCP-8 Ketamine 10% Amitriptyline 2% NCP-8 Ketamine 10% Baclofen 2% Edamine 2% Edamine 10% Baclofen 2% Edamine Edamine 2% Edamine Edamine 2% Edamine Edamin	11. KITL gout Ketoprofen 10% Indomethacin 10% Triamcinolone 0.2% Lidocaine 5% Triamcinolone 5% Metronidazole Vancomycin	d Wounds 5% 0.0024% 200:1 2% 2% 2% 5%					
NCP-7 Cyclobenzaprine 2% Flurbiprofen 20% Flurbiprofen 10% Gabapentin 6% Cyclobenzaprine 2.5% NCP-10	12. Multi Purpose Topical Scar Gel Fluticasone Propionate 1% Levocetirizine Dihydrochloride 2% Pentoxifylline 0.5% Prilocaine 3% Gabapentin 15%	formulation					
NCP-9	13. Non-Infected Wounds Phenytoin 5% Misoprostol 0.0024% Aloe Vera 200:1 Prilocaine 2% in SpiraWash Gel Base						
Widoxiouni 0.0076							
Quantity: 300mLs (Three Hundred) = 4 week supply Other Qty: 100 mls for 2 mls SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: 100 mls							
Prescriber Name: Cennedy Colleen WD NPI # 1508897810							
Lic. #:							
Address: 1309 Pidge Nd.	Ste 109 Rollevall, 1x 750	8+					
Phone #: 214.775 · 135 8 Fa	(#:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1001.0					
Signature (Note: Manual Signature Required for CS)	Date:	10124/13					

Dr. Colleen Kenn										Omn Version 14.0	
Patients Transo	criptions Appo	ointments Cha	rge Capture	Prescrip	tions Labs/R	tadiology Docu	ments Forms	Referrals CN	1S Incentive Pr		19 9W
'oday's List 🎎	Open Me Items 0]	ssages [4 : He M	ealth Alerts	My Profile	Clinic Guide	Lines Updates	Practice File Portal Chec	ksum Uploa Certi	ad MU ficate Docume	mtation Fa	
Patient D	Garland, Texas - SSN # Ext.	Rec#:	Principal Prov Referring Prov Pri. Care Prov Unread Messa Message	vider: vider: ages:	Colleen Kenne	dy <u>Health Record</u>		"" Eloca	ronic Notes		
Chart # VINLA0001	Phone DOB Age 9 yrs 3 Pat. Due \$0.0 Pr	mths Sex: Male	sent script	for compou	nding cream to O	mní plus pharmacy	Histor Edit	¥	er Keyword	_일6	
Patient's Prim	ary Insurance			 	-bay/Subasiba		Validity	Co-Pay De	.taile	Action	
Payer / Policy United Healthca		Group / P Grp: 6280		Mem	ber/ Subscribe	si	to	Co-Pay:	tans	Edit	
Policy:82673787		Plan:	55591	SubI				Ann.Deduc	:	Eligibilit	1
Demographics, Insurance Reco Eligibility Info Advance Direct Patient Confids Patient Annota Patient Activity Incoming Refer	ords√ tives entiality tions y History	Allergies Current Medic Medical History Family History Social History Immunization HIPAA Disclos Amendment	<u> </u>		OmniMD Rx His All Rx History Rx Refills Rx Change Req Lab/Radiology Lab/Radiology Progress Repor Patient Educati	uests Orders Test Results t	Transcriptions Referrals Form Records Scanned Docum Patient Flow S Active Problem Pending Immu	heet 1 List	Message CDA Lock Use Super Bi Patient L	ers Ils edger	
Patient Portal I Billing Note	nformation 🦠										
Cases and Visi	its									New Ca	se/Visit
Date of Service				Chief Cor	nplaint	Attending P	rovider		Progress 🚹		Action
Case: np L _{10/29/2013}	10:45 AM-11:00	AM TUE		np		Ms. Maries La	urel		°r 🗹		
Patient's Rece	ent and Upcon	ning Health Al	erts							Add Hea	th Alert
Applicable	Category	Health A				Statu	s A	ction	Communic	ation Type	
Patient's Futu	ıre Appointme	ents									<u>Print</u>
Dt.of Service				Chief C	omplaint		Pi	ovider	Proc	edures	
Charts & Reports	s: Growth Chart	<u>s</u>								Dele	te Patient
HELP	Help Desk: 91	4.332.5590 <u>Repo</u>	ort a Problem	<u>ICD-10 Tra</u>	nsition Feedback	Feedback					
		C	opyright © 201	8 OmniMD. Al	ll Rights Reserved.	OmniMD TH is a trade	markof <u>ISM, Inc.</u>		Secured b	y () (1101v/te 	

- 10/29/2013 10:45 AM(CST) (OmniMD)

Visit Report - V

Procedures

Patient: Vinzant, Landen : Male Sex Chart#: VINLA0001 DOB Phone : Address: Garland, Texas 75044 (H), Ref By: DOS: 10/29/2013 10:45 AM(CST) (15 mins), Location: CIK Business Office Rockwall Chief Complaint: Np Attended By: Ms. Maries Laurel (214-775-1356) Employer: **Allergies** No Known Drug Allergies. **Intolerance** No Intolerance Recorded **Current Medications Current Medication** <u>Dosage</u> Frequency Duration Reason No Current Medication Recorded. **VITAL SIGNS** Height 42 inch 106 cm Weight 54 lbs 24.5 Kg **BMI** 21.5 Kg/m² **FOLLOW UP NOTE** Patient Name: \ Chart Number: VINLA0001 Date of Service: 10/29/2013 10:45 AM(CST) **Procedure Performed:** Vitals: __/___ Pulse Rate: ___ O2 Sat: BP: _ __ Current Weight: Starting Weight: ___ **Current Medications:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction and Note: derm cream Impression: eczema Plan: apply compound scar reduction cream to affected area prn F/U in: as needed **Prescriptions and Lab Orders** Diagnoses **DIAGNOSES**

https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visit... 1/16/2018
CONFIDENTIAL KEN003976

Visit Report - V ..., L . - 10/29/2013 10:45 AM(CST) (OmniMD)

Page 2 of 2

PROCEDURES

Disposition

Visit Report - V	- 10/29/2013 10:45 AM(CST) (OmniMD)	Page 1 of 1
	. Cov Mala	
Patient: V , L	Sex : Male	
Chart#: VINLA0001 Phone: (H), Ref By:	DOB : Address : Garland, Texas 75044	
DOS: 10/29/2013 10:45	AM(CST) (15 mins), Location: CIK Business Office Rockwall	
Chief Complaint: Np Attended By: Ms. Maries La	urel (214-775-1356)	
Employer:		
Allergies No Known Drug Allergies	i.	
Intolerance No Intolerance Recorded		
Current Medications Current Medication No Current Medication Reco	<u>Dosage Frequency Duration Reason</u> orded.	
VITAL SIGNS Height 42 inch 106 cm		
Weight 54 lbs 24.5 Kg		
BMI 21.5 Kg/m ²		
	FOLLOW UP NOTE	
Patient Name: VINLA0001		
Date of Service: 10/29/20	13 10:45 AM(CS1)	
Procedure Performed:		
Vitals: Temp: BP:/ F Starting Weight: Curre	Pulse Rate: O2 Sat: ent Weight: Change:	
Current Medications:		
Note: hx of eczema scarr derm cream	ring, itching and scratching causing scarring-called in compound scar reduction and	
Impression: eczema		
Plan: apply compound sca	ar reduction cream to affected area prn	
F/U in: as needed Prescriptions and Lab Or	rders	
Diagnoses		
DIAGNOSES		
Procedures		
PROCEDURES		
Disposition	Mansdam pop	

https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi... 10/23/2015

Patient	ore markets in some mark in more Name	DOB	escape a la sur la la la constituent despe	Rep#
1	***************************************			Insurance Information
Home Pho	ne	Cell Phone		Provider United Healthcare
Address		1		Bin#
City	2R/c-U	State	Zip 75044	Group# 201057
Allergies	·	Diagnosis	,	Member ID # SS # S 2 / 7 3 7 8 7 /
	Colleen Kenn dge Rd. Suite 109, 775-1356 (office)	Rockwall, TX 7		
	Lic#: M73 NPI#: 150889	25		128/13
3 2 5	GENERAL PAIN/INFLA DICLOFENAC 3%, KETOPRO		EN 2%, LIDOCAINE	GMS 180GMS 240GMS Refills 1 2 3 4 5 prn 2%, Lipoderm™ pply 1-2 grams to affected area 3-4 times per day.
	NEUROPATHIC & CHR DICLOFENAC 3%, FLURBIPRC IDOCAINE 5%, Lipoderm™		2%, CYCLOBENZAP	GMS 180GMS 240GMS Refills 1 2 3 4 5 prn RINE 2%, GABAPENTIN 6%, PIROXICAM 2%, pply 1-2 grams to affected area 3-4 times per day.
2 P B	BACK & RADICULAR F BABAPENTIN 6%, CLONIDIN		2%, LIDOCAINE 29	GMS 180GMS 240GMS Refills 1 2 3 4 5 prn 6, PENTOXIFYLINE 2% pply 1-2 grams to affected area 3-4 times per day.
LA F	CAR REDUCTION CR luticasone Propionate 1%, pply up to 4 grams (Each p	Levocetirizine Dihyo	Irochloride 2%, Pen	SMS 180GMS 240GMS Refills 1 2 3 4 5 pm toxifylline 0.05%, Prilocaine 3%, Gabapentin 15% 0-14 weeks for scar reduction. (<i>PracaSil</i> – <i>Plus</i>)
L PI	NFECTED WOUNDS HENYTOIN 5%, MISOPROST JETRONIDAZOLE 2%, VANC	OL 0.0024%, ALOE V	ERA 200:1, PRILOCA	iMS 180GMS 240GMS Refills 1 2 3 4 5 prn INE 2%, LEVOFLOXACIN 2%, oply 1-2 grams to affected area 3-4 times per day.
1 1	ON-INFECTED WOUR PHENYTOIN 5%, MISOPRO		VERA 200:1, PRILO	MS 180GMS 240GMS Refills 1 2 3 4 5 prn CAINE 2%, Sprirawash™ oply 1-2 grams to affected area 3-4 times per day.
	OUT KETOPROFEN 10%, INDOM	60GN IETHACIN 10%, TRIAI	MCINOLONE 0.2%, I	MS 180GMS 240GMS Refills 1 2 3 4 5 prn LIDOCAINE 5% ply 1-2 grams to affected area 3-4 times per day.
J TR	SORIASIS/ECZEMA IIAMCINOLONE 0.2%, ZINC (YANOCOBALAMINE 0.07%, I	OXIDE 2%, LIDOCAINE	5%, GABAPENTIN 1	MS 180GMS (40GMS Refills 1 2 3 4 5 pm) 5%, KETOPROFEN 10%, ply 1-2 grams to affected area 3-4 times per day.
handaraka a		SPECTAL REPORT FOR SPECIAL CONTROL	TERRITA, CELEGO VIZILIZAR CON LOGI	8 Prescop Blank-Sneet-v2